



CHESTERFIELD COUNTY
PLANNING DEPARTMENT
CHESTERFIELD, VIRGINIA 23832
(804) 748-1050

www.chesterfield.gov/plan

Rec'd by _____ Case No. _____
Date Rec'd _____ Fee Amount _____
Time Rec'd _____ Receipt No. _____
Reviewed by _____ Anticip. Hearing Date _____

TENTATIVE SUBDIVISION PLAT REVIEW APPLICATION
COMPLETE THE FOLLOWING INFORMATION IN FULL
SUBDIVISION INFORMATION

T

1. Subdivision Name: _____ Sub. ID. No.: _____
Previous Name: _____ Existing Zoning: _____
Zoning Case No(s) _____
General Location Description (Example: N/W Quadrant Hull St./Genito Rd.): _____

2. **Case Type**
(Check one and list any assigned case numbers):

Tentative – New – Case # _____
Tentative Renewal - Previous Case # _____
Tentative Substitute _____
Tentative Amended _____
Appeal of Case _____

6. **Utilities** (Select one of each)

A) Water: Public (P) Well (W)
B) Sewer: Public (P) On-Site (S)

3. **Copies of Plats Submitted:**

Tentative _____
Plat Reduction (8½" x 11") _____
Composite Plan 24" X 36" _____

7. **Drainage** (Check One):

Curb and Gutter Roadside Ditches

4. **Development Type** (Check One):

Single Family (S)
Townhouse for Sale (T)
Mixed Use (U)

8. **Statistical Summary:**

A) No. of lots for approval _____
B) No. of lots recorded _____
C) Average lot size _____ sq. ft.
D) Minimum lot size _____ sq. ft.
E) Maximum lot size _____ sq. ft.
F) Average lot width _____ ft.
G) Minimum lot width _____ ft.
H) Acreage in lots _____
I) Acreage in roads _____
J) Acreage in recreation/open space _____
K) Total Acreage _____

5. **Reviewed and Approved By** (Circle One):

Director of Planning (A)
Planning Commission (C)

Comments: _____

9. **APPLICANT INFORMATION**

Applicant One: _____ Regist. No.: _____
Subdivider

Applicant Two: _____ Regist. No.: _____
Preparer of Plat

Additional Contact: _____ Regist. No.: _____

10. SUBJECT PARCEL INFORMATION
THIS DATA SHOULD BE OBTAINED FROM THE
COUNTY ASSESSOR'S OFFICE (THE ROSE BUILDING)

SHADED AREA FOR OFFICE USE ONLY

GPIN#		Partial Parcel	Land Use Taxation			Zoning Sheet	Census Tract	Traffic Zone
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
Address (if one given)	Existing Zoning	Zoning Acreage	Conditions			Existing Land Use/Structures	Magisterial District	Plan Area N,S,E,W,C
			CU	PD	SE			

GPIN#		Partial Parcel	Land Use Taxation			Zoning Sheet	Census Tract	Traffic Zone
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
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			CU	PD	SE			

NOTE: In order for this form to print properly, please print using the graphics option of your printer.
Thank you.

CHAPTER 527 COMPLIANCE

Choose one of the two options below:

☐ I certify that this proposal DOES NOT MEET any of the thresholds identified in the Traffic Impact Analysis Regulations Administrative Guidelines (24 VAC 30-155) that would require a Traffic Impact Analysis to be submitted in conjunction with this application.

☐ I certify that this proposal MEETS at least one of the thresholds identified in the Traffic Impact Analysis Regulations Administrative Guidelines (24 VAC 30-155) that would require a Traffic Impact Analysis to be submitted in conjunction with this application. A Traffic Impact Analysis, prepared in accordance with the Traffic Impact Analysis Regulations Administrative Guidelines (24 VAC 30-155), and the appropriate review fee are attached.

The above is based on a projected daily trip generation of _____ vehicles per day and a site peak hour trip generation of _____ vehicles per hour, based on the stipulations of 24 VAC 30-155.

Virginia Department of Transportation (VDOT) – Chesterfield Residency

Boris Solomonov, P.E., Land Use Manager

Phone (804) 674-2800

Fax (804) 674-2328

Email: Boris.Solomonov@vdot.virginia.gov

<http://www.virginiadot.org/projects/chapter527/>

Mailing/Street Address:

3301 Speeks Drive

Midlothian, VA 23112

COMPLIANCE WITH SEC. 19-666 OF THE CODE OF CHESTERFIELD COUNTY

Choose one of the two options below:

☐ I certify that the Chesterfield County Transportation Department has confirmed that a Traffic Impact Analysis IS NOT required with this application.

☐ I certify that the Chesterfield County Transportation Department has confirmed that a Traffic Impact Analysis IS required with this application. The Traffic Impact Analysis, prepared in accordance with the county's guidelines, is attached.

Chesterfield County Transportation Department

Phone (804) 748-1037

Fax (804) 748-8516

Mailing Address

P.O. Box 40

Chesterfield, VA 23832-0040

<http://www.chesterfield.gov/CommunityDevelopment/Transportation/>

Street Address

9800 Government Center Parkway

Chesterfield, VA 23832-0040

**STATE REGULATION (CHAPTER 527) TRAFFIC IMPACT ANALYSIS (TIA) THRESHOLDS
(TIA REQUIRED IF DEVELOPMENT MEETS OR EXCEEDS THE THRESHOLDS BELOW)**

PROCESS	TYPE	THRESHOLD	REVIEW PROCESS	FEE STRUCTURE (FIRST & SECOND REVIEW – ONE FEE) CHECKS MADE PAYABLE TO: TREASURER OF VIRGINIA
REZONING	Residential	100 Vehicle trips per Peak Hour (VPH) OR 200 Vehicle trips per Day (VPD) AND Doubles current traffic volume on a state maintained highway	VDOT may request a meeting with the applicant within 45 days upon receipt of TIA to discuss potential modifications to the TIA to address any concerns/deficiencies. VDOT review to be completed and written comments provided within: 45 days upon VDOT's receipt of TIA if no meeting scheduled/requested by VDOT. 120 days upon VDOT's receipt of TIA if meeting scheduled/requested/held by VDOT with the applicant.	\$500 (100 VPH or Less)
	Other Rezoning (Non-Residential)	250 VPH OR 2,500 VPD		\$1,000 (more than 100 VPH)
TENTATIVE SUBDIVISION PLAT SITE PLAN	Residential	100 VPH OR 200 VPD AND Doubles current traffic volume on a state maintained highway	VDOT may request a meeting with the applicant within 30 days upon receipt of TIA to discuss potential modifications to the TIA to address any concerns/deficiencies. VDOT review to be completed and written comments provided within: 30 days upon VDOT's receipt of TIA if no meeting scheduled/requested by VDOT. 90 days upon VDOT's receipt of TIA if meeting scheduled/requested/held by VDOT with the applicant.	For third or subsequent submissions, applicant shall pay additional fee as though the third or subsequent submission were an initial submission.
	Other Development (Non-Residential)	250 VPH OR 2,500 VPD	TIA CONDITIONS PER VDOT CHAPTER 527 (VDOT TO MAKE DETERMINATION): 1. Previously submitted TIA assumptions remain valid and less than 2 years elapsed since Locality approval of rezoning – Provide supplemental TIA letter to VDOT. 2. Previously submitted TIA remains valid and more than 2 years elapsed since Locality approval of rezoning – Provide supplemental TIA letter to VDOT. 3. Previously submitted TIA assumptions have materially changed such that adverse impacts to state-controlled highways have increased.	
* PROPOSALS GENERATING LESS THAN 1,000 VEHICLES PER PEAK HOUR, THE APPLICANT MAY REQUEST A SCOPE OF WORK MEETING WITH VDOT. WHEN GENERATING MORE THAN 1,000 VPH, A SCOPE OF WORK MEETING IS REQUIRED WITH VDOT.				
VDOT CHESTERFIELD RESIDENCY POINT OF CONTACT: Boris Solomonov, P.E., Land Use Manager 3301 Speaks Drive Midlothian, VA 23112 (804) 674-2800 Boris.Solomonov@vdot.virginia.gov				

INVESTIGATION WORKSHEET FOR GRAVES, MEMORIALS AND PLACES OF BURIAL

I have investigated property located at _____
(Street Address)
and described as _____ and _____ which is
(Geographic Parcel Identification Number) (Tax Map Number)

undergoing either site plan or subdivision review by Chesterfield County and find that **(check one)**:

Graves, objects or structures marking places of burial **exist** on the property.

Graves, objects or structures marking places of burial **do not exist** on the property.

This information was verified by (check all that apply):

Deed description

Visual verification

Soil borings

Any such feature has been identified on the proposed Site Plan or Subdivision Plan and generally is comprised by the following:

Signature: _____ Date: _____

Printed name: _____ Phone number: _____

The following space is for use by the Historical Society:

Verified by: _____ Phone number: _____

Date: _____ Fax number: _____

Comments: _____

If you have any questions regarding this form or the level of site investigation required, please telephone the Planning Department at (804) 748-1050 or contact by facsimile at (804) 717-6295.



Chesterfield County, Virginia

Department of Planning

9800 Government Center Parkway – P.O. Box 40 – Chesterfield, VA 23832-0040

Phone: (804) 748-1050 – Fax: (804) 717-6295 – Internet: chesterfield.gov

KIRKLAND A. TURNER

Director

Tentative Plat Checklist

Subdivision Ordinance Section 17-38(k) states: “Every tentative plat must have complete information to be accepted.” A check beside the following items indicates compliance, and will be verified upon application submittal. Tentative subdivision plats must correctly show the following required information:

Site Information

Graphic scale (no greater than one inch equals fifty feet for townhouse for sale subdivisions, or one inch equals one hundred feet for other subdivisions).

North American Datum (NAD) 83 north arrow.

Location and description of the property (tax identification number(s)).

Chesapeake Bay Preservation areas (described in § 19:228).

Investigation worksheet for graves, memorials and places of burial.

Location and approximate size of cemeteries, graves, object or structure marking a place of burial.

Not applicable

Existing onsite and offsite easements, buildings, bridges, on or adjacent to tract.

Labeled contours at vertical intervals of not more than five (5) feet. Labeling shall occur at ten (10) foot vertical interval.

Existing zoning classification(s), applicable zoning cases number(s) for property. (General Notes)

Proffers and/or conditions of zoning. (General Notes)

Reduced copy (8.5” x 11”) of tentative plat.

Adjacent subdivision name(s).

Adjacent parcel owner name(s).

Adjacent tax identification number(s), and side boundary lines of adjoining lots and parcels and county boundary line if applicable.

Previously recorded sections depicting actual recorded layout with recordation dates, plat book(s) and page number(s).

Limits of established watercourses, drainage ditches, manmade open channels, floodplains, preliminary wetland boundaries and conservation areas.

All pertinent RPAs, RMAs, and approximately location and surface area of BMP's.

Vicinity map.

Existing zoning boundaries on the property and adjacent property.

Conceptual Subdivision Plan

Subdividers seeking tentative approval for a subdivision in phases, or proposing a development that contains mixed uses although all uses may be residential in nature, or if required by zoning, shall submit an overall conceptual subdivision plan, with the portion of the plan covered by the tentative plat outlined.

Included

Not Applicable

Project Information

Name of subdivision. The proposed name may not duplicate the name of any existing or tentatively approved subdivision or streets or commercial development.

Length and bearing of the exterior boundaries of the subdivision. Dimension are expressed in feet and decimals of a foot.

Layout and size of the existing and proposed wastewater, water mains, fire hydrants and existing storm sewers/culverts and other underground structures within or immediately adjacent to the tract. Water and wastewater lines shown are not located within any stormwater management or best management plan facility.

Layout and width of offsite easements for wastewater, water and stormwater intended to serve property.

Computer-simulated flow test for the proposed public water system (for initial tentative plat submittal). The test location should be the most critical point within the proposed subdivision with the results of the flow test indicating whether or not fire protection can be achieved for the entire development. (Demand of one thousand gallons per minute with twenty P.S.I. residual pressure.)

Location and approximate size of any required buffers, landscape strips or tree preservation areas.

Project size in acres or square feet. (General Notes)

Area of open space/common space proposed: (General Notes)

Date / revision dates. (General Notes)

Proposed water and wastewater facilities. (General Notes)

Method of street stormwater conveyance. (General Notes)

Method by which CBPA compliance is achieved. (General Notes)

Special limited power of attorney, when developer is not the property owner.

Name, mailing address, street address, phone number, and fax number and e-mail address if available of the owner(s), and the subdivider or engineer. (General Notes)

Streets

Location, width, and names of existing streets, alleys, and other rights of way.

State route numbers clearly shown for tentative renewals, adjusted or substitute plats.

Layout and width of all proposed streets with centerline curve data.

Layout and width of all proposed alleys and sidewalks.

Proposed street names, per county ordinance.

Letter from appropriate regional planning district commission indicating approval or all street names.

Virginia Department of Transportation checklist (initial submission).

Area of streets proposed in subdivision. (General Notes)

Lots

All lots shown shall be buildable lots (may require building envelope to be shown).

Layout and width of all proposed lots.

Approximate dimensions of lots.

Sequential lot numbers.

Number of lots proposed in subdivision. (General Notes)

Area of lots in subdivision. (General Notes)

Minimum, average and maximum lot size in square feet. (General Notes)

Proposed front building setback lines on lots where minimum lot width is not met at setback line.

Parcels intended to be dedicated, conveyed, or reserved for public use, and the conditions proposed for such disposal and use. (General Notes)